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OR
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WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/702,453
Filing Date	November 7, 2003
First Named Inventor	Howard Murad
Title	Pharmaceutical compositions and methods for managing skin conditions
Art Unit	1618
Examiner Name	Jake Mihn Vu
Attorney Docket	027555-000707US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on _____)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Howard Murad</i>	Date	
Name	Dr. Howard Murad	Telephone	310-726-0600
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.